

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 AM 9:51

DOCUMENT # P02000027915

1. Corporation Name

SOUTHGATE SERVICES, INC.

Principal Place of Business

1401 UNIVERSITY DR. STE 301
CORAL SPRINGS FL

Mailing Address

1401 UNIVERSITY DR. STE 301
CORAL SPRINGS FL



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2002

5. FEI Number

300054198

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SINGH, RAMKISSOON	4915 NW 116 AVE	CORAL SPRINGS FL 33076
D	SINGH, PARBATIE	4915 NW 116 AVE	CORAL SPRINGS FL 33076

~~10/21/03-01044--007 **150.00~~
10/21/03-01044--007 **150.00

8. Name and Address of Current Registered Agent

JOHNSON, HENRY W
1401 UNIVERSITY DR, STE 301
CORAL SPRINGS FL

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

10-10-03

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-03 954-724-4028

CH20040 (7/03)

2/2

LAW OFFICES
HUME & JOHNSON P.A.
SUITE 301
1401 UNIVERSITY DRIVE
CORAL SPRINGS, FLORIDA 33071-8910

JOHN HUME
HENRY W. JOHNSON
CATHERINE W. ZIPPAY
DONALD R. WALTERS

TELEPHONE 755-9880
AREA CODE 954
FAX 755-9899
www.humejohnson.com

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314


Re: SOUTHGATE SERVICES, INC.
Document #P02000027915

Gentlemen:

Enclosed please find Application for Reinstatement for the above corporation together with our firm's check payable to the Department of State in the amount of \$150.00 for the annual report fee and corporate supplemental fee. As per my conversation with your office today, you will waive the \$600.00 reinstatement fee as we did not receive the 2003 Uniform Business Report.

Please contact me if you have any questions and thank you for your immediate attention to this matter.

HUME & JOHNSON P.A.



Henry W. Johnson

HWJ/jw
Enclosures
3743.008
cc: Southgate Services, Inc.
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